

GUARDIANSHIP CHECKLIST

1. Petitioner's name, address, phone and relationship to alleged incapacitated person or minor.
 - (a) Name: _____
 - (b) Address: _____
 - (c) Phone: _____
 - (d) Relationship to Ward: _____

2. What type of guardianship is needed? (Check all that apply)
 - (a) _____ Selecting the Ward's place of abode within or without the state of Nebraska;
 - (b) _____ Arranging for medical care of the Ward;
 - (c) _____ Protecting the personal effects of the Ward;
 - (d) _____ Giving necessary consent, approval, or releases on behalf of the Ward;
 - (e) _____ Arranging for training, education or other habilitating services appropriate for the Ward;
 - (f) _____ Applying for private or governmental benefits to which the Ward may be entitled;
 - (g) _____ Instituting proceedings to compel any person under a duty to support the Ward or to pay sums for the welfare of the Ward to perform such duty, if no conservator has been appointed;

- (h) _____ Entering into contractual arrangements on behalf of the Ward, if no Conservator has been appointed, the Conservator has not filed an acceptance, or the Conservator has been discharged; and
- (i) _____ Receiving money and tangible property deliverable to the Ward and applying such money and property to the Ward's expenses for room and board, medical care, personal effects, training, education, and habilitating services if no Conservator has been appointed, the Conservator has not filed an acceptance, or the Conservator has been discharged, or requesting the Conservator to expend the Ward's estate by payment to third persons to meet such expenses.

3. Will ward consent to guardianship? Yes _____ No _____

4. Who is the doctor/psychiatrist for the ward? Name, address & telephone number: _____

_____.

5. Venue is proper because the Ward: (Check one)

- (a) _____ resides in this County.
- (b) _____ is present in this County.
- (c) _____ is not a resident of Nebraska but has property located in this County.
- (d) _____ has been admitted to an institution pursuant to an Order of a Court of competent jurisdiction sitting in this County.

6. Has a guardian previously appointed? ___ Yes ___ No

(a) If yes: Name, Address and Relationship _____

7. Other interested parties:

(a) Name: _____

(b) Address: _____

(c) Phone: _____

(d) Relationship to Ward: _____

(a) Name:

(b) Address: _____

(c) Phone: _____

(d) Relationship to Ward: _____

(a) Name:

(b) Address: _____

(c) Phone: _____

(d) Relationship to Ward: _____

(a) Name:

(b) Address: _____

(c) Phone: _____

(d) Relationship to Ward: _____

8. Will a guardianship be necessary for less than six months? ___ Yes ___ No

9. Does an emergency requiring a temporary guardian exist? ___ Yes ___ No

(a) If yes, state reasons: _____

10. Is the nominated guardian indebted to or a creditor of Ward? Yes No

11. Should the court appoint a visitor or physician? Yes No

12. Does notice need to be given by alternate means? Yes No

Reading aloud Braille Sign language

Large print Facilitated communication

(a) If yes, state Ward's condition: _____

13. Are all names and addresses of interested parties known? Yes No